

2010 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE

Name of Committee Committee to Elect Jes SmithAddress 2120 Front Street, Meridian, MS 39301Telephone (601) 482-8743 Fax (601) 482-0117Treasurer Marvin B. Speed Email marc@electjessmith.com
☐ Check here if above is different from previous report
TYPE OF REPORT

_____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	_____ Mandatory
<u>X</u> June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	_____ Mandatory
_____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	_____ Mandatory
_____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)	_____ Mandatory
_____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	_____ Mandatory
_____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	_____ Runoff Candidates
_____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)	_____ Mandatory
_____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 350.00 + \$ 3,100.00	\$ 3,450.00	\$ 3,450.00
Total amount of disbursements	\$ 0.00 + \$ 0.00	\$ 0.00	\$ 0.00
Total amount of cash on hand		\$ 3,450.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Marvin B. Speed, Treasurer
 Signature of Director or Treasurer

June 10, 2010
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-389-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Committee to Elect Jos Smith
 Reporting period May 1, 2010 through May 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>05/25/10</u>	\$ <u>350.00</u>
<u>Joshua A. Turner, Attorney at Law, P.A.</u>		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
<u>P.O. Box 2448</u>		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
<u>Oxford, MS 38655</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
<u>Joshua A. Turner, Attorney at Law, P.A.</u>		<u> / / </u>	\$
Occupation (Required)		<u> / / </u>	\$
<u>Professional Corporation (Attorney)</u>		<u> / / </u>	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		<u> / / </u>	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		<u> / / </u>	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		<u> / / </u>	\$